



Appendix to Safeguarding Policy

Policy for Intimate Care

Introduction

Intimate care is any care which involves washing, touching or carrying out an invasive procedure (such as cleaning up a pupil after they have soiled themselves) to intimate personal areas. In most cases such care will involve cleaning for hygiene purposes as part of a staff member's duty of care. In the case of a specific procedure only a person suitably trained and assessed as competent should undertake the procedure, (e.g. the administration of rectal diazepam.)

The issue of intimate care is a sensitive one and will require staff to be respectful of the child's needs. The child's dignity should always be preserved with a high level of privacy, choice and control. There shall be a high awareness of child protection issues. Staff behaviour must be open to scrutiny and staff must work in partnership with parents/carers to provide continuity of care to children/young people wherever possible.

Intimate Care Policy for Lympstone C of E Primary School.

Lympstone C of E Primary School is committed to ensuring that all staff responsible for the intimate care of children will undertake their duties in a professional manner at all times. Lympstone C of E Primary School recognises that there is a need to treat all children with respect when intimate care is given. No child should be attended to in a way that causes distress or pain.

Our approach

The management of all children with intimate care needs will be carefully planned. The child who requires intimate care is treated with respect at all times; the child's welfare and dignity is of paramount importance.

Staff who provide intimate care are trained to do so (including Child Protection and Health and Safety training in lifting and moving) and are fully aware of best practice. Apparatus will be provided to assist with children who need special arrangements following assessment from physiotherapist/ occupational therapist as required.

Staff will be supported to adapt their practice in relation to the needs of individual children taking into account developmental changes such as the onset of puberty and menstruation. Wherever possible staff who are involved in the intimate care of children/young people will not usually be involved with the delivery of sex education to the children/young people in their care as an additional safeguard to both staff and children/young people involved.

The child will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each child to do as much for him/herself as he/she can. This may mean, for example, giving the child responsibility for washing themselves.

Individual intimate care plans will be drawn up for particular children as appropriate to suit the circumstances of the child.

Each child's right to privacy will be respected. Careful consideration will be given to each child's situation to determine how many carers might need to be present when a child is toileted. Where possible one child will be catered for by one adult unless there is a sound reason for having more adults present. If this is the case, the reasons should be clearly documented. Another member of staff should be in the vicinity and should be made aware of the task being undertaken.

Wherever possible staff should only care intimately for an individual of the same sex. However, in certain circumstances this principle may need to be waived where failure to provide appropriate care would result in negligence for example, female staff supporting boys in a primary school, as no male staff are available.

Intimate care arrangements will be discussed with parents/carers on a regular basis and recorded on the child's care plan. The needs and wishes of children and parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

The Protection of Children

Education Child Protection Procedures and Inter-Agency Child Protection procedures will be adhered to. All children will be taught personal safety skills carefully matched to their level of development and understanding. If a member of staff has any concerns about physical changes in a child's presentation, e.g. marks, bruises, soreness etc. s/he will immediately report concerns to the appropriate manager/ designated person for child protection.

If a child becomes distressed or unhappy about being cared for by a particular member of staff, the matter will be looked into and outcomes recorded. Parents/carers will be contacted at the earliest opportunity as part of this process in order to reach a resolution. Staffing schedules will be altered until the issue(s) are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a child makes an allegation against a member of staff, all necessary procedures will be followed (see Inter - Agency Child Protection Procedures for details)

Health and Safety

Health and Safety advice for schools can be found in the Health and Safety Handbook, available to schools through the Education, Arts and Libraries (EAL) website.

Further Guidance

- ‘Working Together To Safeguard Children’, Inter-Agency Child Protection Procedures.

- Circular 10/95, Protecting Children from Abuse; The Role of the Education Service. DFEE

www.dfes.gov.uk/publications/guidanceonthelaw/10_95summary

- What To Do If You’re Worried A Child Is Being Abused. Summary (2003) www.doh.gov.uk/safeguardingchildren/index.htm

Children wearing nappies

Parents will be asked to sign an agreement form outlining, as part of the care plan, who will be responsible for changing the child and when and where this will be carried out. This agreement allows the school and the parent to be aware of all the issues surrounding this task right from the outset.

A notebook will be used to record who changes the child, how often this task is carried out and the time they left / returned to the classroom following this task.

It is the parent’s responsibility to provide nappies, disposal bags, wipes, changing mat etc. School will provide gloves, plastic aprons, a bin and liners to dispose of any waste.

Changing facilities

The school is equipped with a shower room, changing table and two disabled access toilets.

Health and Safety .

Staff should always wear an apron and gloves when dealing with a child who is bleeding or soiled or when changing a soiled nappy. Any soiled waste should be placed in a polythene waste disposal bag, which can be sealed. This bag should then be placed in a bin (complete with a liner)

which is specifically designated for the disposal of such waste. The bin should be emptied on a daily basis and it can be collected as part of the usual refuse collection service as this waste is not classed as clinical waste. Staff should be aware of the school's Health and Safety policy

Special needs

Children with special needs have the same rights to safety and privacy when receiving intimate care. Additional vulnerabilities that may arise from a physical disability or learning difficulty must be considered with regard to individual teaching and care plans for each child. As with all arrangements for intimate care needs, agreements between the child those with parental responsibility and the organisation should be easily understood and recorded.

Regardless of age and ability, the views and/or emotional responses of children with special needs should be actively sought (with advocacy arrangements made for those who can't) in regular reviews of these arrangements.

Guidance to safeguard children and education staff with regard to situations which may lend themselves to allegations of abuse (Physical contact, first aid, showers/ changing clothes, out of school activities, and photography)

Physical Contact

All staff engaged in the care and education of children and young people need to exercise caution in the use of physical contact.

The expectation is that staff will work in 'limited touch' cultures and that when physical contact is made with pupils this will be in response to the pupil's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. Staff should be aware that even well intentioned physical contact might be misconstrued directly by the child, an observer or by anyone the action is described to. Staff must therefore always be prepared to justify actions and accept that all physical contact be open to scrutiny. Physical contact which is repeated with an individual child or young person is likely to raise questions unless the justification for this is formally agreed by the child, the organisation and those with parental responsibility.

Children with special needs may require more physical contact to assist their everyday learning. The general culture of 'limited touch' will be adapted where appropriate to the individual requirements of each child. The arrangements must be understood and agreed by all concerned,

justified in terms of the child's needs, consistently applied and open to scrutiny. Wherever possible, consultation with colleagues should take place where any deviation from the arrangements is anticipated. Any deviation and the justification for it should be documented and reported.

Restraint

There may be occasions where it is necessary for staff to restrain children physically to prevent them from inflicting damage on either themselves, others or property. In such cases only the minimum force necessary should be used for the minimum length of time required for the child to regain self- control.

In all cases of restraint the incident must be documented and reported. Staff must be fully aware of the school's policy for intimate care and physical contact.

Under no circumstances would it be permissible to use physical force as a form of punishment, to modify behaviour, or to make a pupil comply with an instruction. Physical force of this nature can, and is likely to, constitute a criminal offence.

**Care Plan for Intimate Care at Lympstone C of E
Primary School**



Child's Name:

Male/female:

Date of birth

Parent/Carers name:

Address:

I wish to advise you that I would like the following to be the approach to this:

The medical issues which impact on the intimate care of my child are:

I am aware of the school's approach to intimate care and have talked through the policy with a member of staff.

I give permission to the school to provide intimate care to my child, i.e. changing, toileting, showering, medical support or other.

Name:

Signature:

Relationship to child:

Date:

Member of Staff signature:

Date: